

**VOLUNTARY CERTIFICATION SUSPENSION/CANCELLATION REQUEST FORM**  
**DIVISION OF ALCOHOL AND SUBSTANCE ABUSE**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**STATE OF WASHINGTON**

Please provide the following information for each site you are requesting a voluntary suspension or cancellation action.

For DASA Use  
Only

OK NOK NA

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**CURRENTLY CERTIFIED AGENCY INFORMATION**

Name of agency (Print name as it appears on your most recent Certificate of Approval)

Enter agency number of the site this request concerns, as it appears on your most recent Certificate of Approval

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**REQUESTING EITHER VOLUNTARY CERTIFICATION SUSPENSION OR CANCELLATION**

Please indicate below whether you are requesting voluntary suspension or cancellation.

**VOLUNTARY SUSPENSION**

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**VOLUNTARY CANCELLATION**

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Briefly describe the reason for this request: \_\_\_\_\_

\_\_\_\_\_

Note: A **voluntary suspension** action is intended to allow the provider a specific period (no longer than 12 months) to reevaluate the need for certification or agency capability to provide certified chemical dependency treatment services. The requestor may ask for a reinstatement of the certification at any time as long as it is requested before the expiration date prescribed in the suspension letter.

A **voluntary cancellation** is more appropriate when the provider does not intend to provide the certified service(s) within the next twelve months. Still, a provider can request reinstatement of certification within six months of the date of cancellation, without having to submit a new application.

A Certification Specialist will determine whether certification can be reinstated and what materials or documentation, if any, will be required to determine the provider is prepared to operate in compliance with applicable regulations.

**Questions? Call Bob Geissinger toll free at 1-877-301-4557,  
or (360) 725-3728**

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## REQUESTING SUSPENSION/CANCELLATION OF CERTIFICATION FOR:

Please indicate below what you are requesting suspension or cancellation for:

ENTIRE AGENCY ☐

SPECIFIC BRANCH ☐

SPECIFIC SERVICE(S) ☐

If requesting suspension or cancellation of only certified service(s), please identify the service(s) for which the action is requested.

TREATMENT SERVICES	Check all that apply
Intensive Inpatient	<input type="checkbox"/>
Recovery House	<input type="checkbox"/>
Long-term Care Residential	<input type="checkbox"/>
Acute Detoxification	<input type="checkbox"/>
Sub-Acute Detoxification	<input type="checkbox"/>
ADATSA Assessments	<input type="checkbox"/>
DUI Assessments	<input type="checkbox"/>
Alcohol/Drug Information School	<input type="checkbox"/>
Intensive Outpatient	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>
Opiate Substitution Treatment	<input type="checkbox"/>
Emergency Service Patrol	<input type="checkbox"/>
Outpatient Childcare	<input type="checkbox"/>
Free-Standing ADATSA Assessment Center	<input type="checkbox"/>
Information and Crisis Service	<input type="checkbox"/>

Please enter the effective date of suspension/cancellation of certification:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM / DD / YY)

Note: The Division of Alcohol and Substance Abuse Regional Administrator is the person to contact for arrangements to transfer patient records to the department. This should be used only as a last resort.

## Disposition of patient records accumulated during your agency's period of certification

Please provide the following information if you are requesting the suspension or cancellation of certification for a branch or entire agency:

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<b>Name of Individual or Business Responsible as Patient Record Custodian</b>			
<b>Mailing Address of Patient Record Custodian</b>	<b>Street/P.O. Box</b>		
	<b>City</b>	<b>ST</b>	<b>Zip</b>
<b>Contact Telephone Number</b>	(     ) _____ - _____		
<b>Fax Number</b>	(     ) _____ - _____		
<b>E-mail (If Available)</b>	_____ @ _____		

Washington Administrative Code (WAC) 388-805-320 requires each provider to have a comprehensive patient record system maintained in accord with recognized principles of health record management.

The provider must ensure:

- (1) There is a designated individual responsible for the record system;
- (2) There is a secure storage system, which:
  - (a) Promotes confidentiality of and limits access to the inactive records; and,
  - (b) Protects inactive files from damage during storage.
- (3) Inactive patient record policies and procedures on:
  - (a) Who will have access to records;
  - (b) Content of inactive patient records;
  - (c) A systematic method of identifying and filing individual patient records so each can be readily retrieved; and,
  - (e) The retention of patient records **for a minimum of SIX\* years** after the

discharge or transfer of the patient.

[\*10/25/03: HIPAA and WAC 388-805-320 require agencies to retain their records now for SIX years instead of FIVE, for private agencies.]

[For Electronic Patient Records, see WAC 388-805-320(5).]

Note: If receiving federal funds, records must be retained for seven years. If the patient and records were in an acute care hospital or alcoholism hospital, they must be retained for ten years. For lawsuit purposes, records must be retained for eight years, according to RCW 4.16.350. For minors, retain the records for three years following their 18th birthday, or six years following the most recent discharge, whichever is longer.

WAC 388-805-320(5) requires the closing provider to arrange for the continued management of all patient records. The closing provider shall notify the department in writing of the mailing and street address where records will be stored, and specify the person managing the records, their telephone number, fax number, and e-mail address, if available.

The closing provider may:

- (a) Continue to manage the records and give assurance they will respond to authorized requests for copies of patient records within a reasonable period of time;
- (b) Transfer records of patients who have given written consent to another certified provider;
- (c) Enter into a qualified service organization agreement (sample form attached) with a certified provider to store and manage records, when the outgoing provider will no longer be a chemical dependency treatment provider; or,
- (d) In the event none of the arrangements listed in (a) through (c) of this section can be made, the closing provider shall make arrangements for transfer of patient records to the department.

**WAC 388-805-305 Patients' rights.**

- (1) Each service provider shall ensure each patient:
  - (e) Has all clinical and personal information treated in accordance with state and federal confidentiality regulations; and,
  - (n) In the event of an agency closure or treatment service cancellation, each (active) patient shall be:
    - (i) Given thirty (30) days notice;
    - (ii) Assisted with their treatment relocation;
    - (iii) Given refunds to which the person is entitled; and,
    - (iv) Advised how to access records to which the person is entitled.

**PROVIDER RESPONSIBILITIES UNDER REVISED CODE OF WASHINGTON (RCW) 70.02 – MEDICAL RECORDS HEALTH CARE INFORMATION ACCESS AND DISCLOSURE**

RCW 70.02.030(1) requires the health care provider to honor a patient's authorization to disclose his/her health care information, and if requested, provide a copy of the recorded health care information.

RCW 70.02.030(2) states a health care provider may charge a reasonable fee for copying records (RCW 70.02.010(12) defines reasonable fee as meaning the charges for duplicating or searching the record, but shall not exceed sixty-five (65) cents for the first thirty (30) pages, and fifty (50) cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged, not to exceed fifteen dollars (\$15).

RCW 70.02.080(1) requires the health care provider to allow a patient to examine or copy all or part of the patient's health care information within fifteen (15) working days of receiving a written request.

RCW 70.02.170(1) allows a patient to maintain a civil action against a health care provider who has not complied with the requirements of this chapter.

RCW 70.02.170(2) states the court may order the health care provider to comply with this chapter. Such relief may include actual damages, reasonable attorney's fees, and all other expenses reasonably incurred to the prevailing party.

Note: All persons certified as a Chemical Dependency Professional, or registered as a counselor by Washington State can be held individually accountable for meeting the requirements of RCW 70.02, under the Uniform Disciplinary Act (RCW 18.130).

When transferring a patient to another treatment provider the provider must forward copies of the following information to the treatment program where an active patient is being referred as required by WAC 388-805-315(8)(a-d) when the patient signs a release of confidential information:

- (a) Patient demographic information;
- (b) Diagnostic assessment statement and other assessment information, including:
  - (i) Documentation of the HIV/AIDS intervention;
  - (ii) TB test result;
  - (iii) A record of the patient's detox and treatment history;
  - (iv) The reason for the transfer; and,
  - (v) Court-mandated or agency-recommended follow-up treatment.
- (c) Discharge summary; and,
- (d) The plan for continuing care or treatment.

I declare the following:

That I have the authority to make this request on the behalf of the organizational governing body;

That I have read the privacy notice located on page 7 of this form;

That I am aware of the rights of patients under my organizational care as indicated in WAC 388-805-305(1)(e) and (n), and have endeavored to ensure these rights were respected during the process of suspension or cancellation of services;

That I am aware that a failure on my part or on the part of the agency administrator or any owner of five percent or more of the organizational assets at the effective date of the suspension or cancellation action to respect all patient rights may result in my (our) disqualification as future applicant(s) for certification to provide chemical dependency treatment services in accord with WAC 388-805-065(1)(h) or (j).

The information contained in this request is true, accurate, and complete to the best of my knowledge.

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Only

OK NOK NA

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<b>Signature of administrator or other responsible party</b>	<b>Date</b>
<b>Address</b>	<b>Telephone</b>
<b>Type or Print Name</b>	<b>Title</b>

Return this original request form to:

Bob Geissinger, Certification Section  
Department of Social and Health Services  
Division of Alcohol and Substance Abuse  
Post Office Box 45330  
Olympia, Washington 98504-5331  
Telephone: (360) 438-8055; or 1-877-301-4557 Toll Free  
FAX: (360) 725-3728  
E-mail: [geissrs@dshs.wa.gov](mailto:geissrs@dshs.wa.gov)

If you need technical assistance regarding the voluntary suspension or cancellation process, or need a copy of any regulation cited in this request form, please contact Bob Geissinger.

For DASA Use Only

- ☐ Data Entry Form completed
- ☐ Records custodian data entry completed in Facility Edit notes and checked as closed
- ☐ APSERT Entry completed
- ☐ Cancellation/Suspension letter completed

**Privacy Notice**

This notice is provided in compliance with Governor's Executive Order 00-03 and addresses the collection, use, security, and access to information obtained by your submission of this application or request.

**DASA requires an applicant who is applying for certification to provide chemical dependency services as a sole proprietor to submit a Federal Employer Tax Identification Number or their personal Social Security Number. The number is used to identify a specific person or legal entity that owns a specific business.**

**DASA also requires an applicant to submit the name, address, and telephone number for each owner of five percent or more of the organizational assets. Additionally, we require owners and the administrator to submit copies of the results of a criminal background check conducted by the Washington State Patrol. This information will be used to determine whether a specific person is a qualified applicant under WAC 388-805-065.**

**Applicants may decide to provide personal contact information (address, or telephone number) in lieu of business contact information. Addresses and telephone numbers identified as personal information and criminal background checks may be disclosed to parties outside of the department without written consent of the involved party.**

**All information collected as a part of the application or a request for departmental approval is collected for considering applicant and provider compliance with applicable regulations related to their requests. All information is considered public information, and may be made available to anyone submitting a proper public information request unless exempted by the Public Information Disclosure Act under Revised Code of Washington 42.17.310(1).**

**Information may be retained for the period of provider certification to include any subsequent changes in provider ownership. The department will retain certification records for up to six years following the voluntarily cancellation of certification, and indefinitely in cases of involuntary cancellation, revocation, or suspension of certification. Information will be destroyed after that time.**

Persons submitting information have the right to review personal information on file with the department. You can recommend changes to your personally identifiable information you believe to be inaccurate by submitting a written request that credibly shows the inaccuracy. We will take reasonable steps to verify your identity before granting access or making corrections.

Please contact Bob Geissinger if you have any questions or concerns. Contact information is provided with this application.

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